

Have you ever had any serious illnesses? Seizures? Head injuries? If so, please list:

Do you have any current specific health concerns? Chronic pain? If so, please list:

Do you take any medications (prescription/psychiatric) at this time? If so, please list medications and doctor prescribing:

How would you rate your current physical health on a scale of 1-10? _____

Do you suffer from sleep problems? Please describe: _____

Do you have any problems with eating or appetite? Please describe: _____

How much do you exercise per week? _____

Are you currently in a relationship? _____ How would you rate your relationship?

Are you currently experiencing overwhelming depression or grief? If yes, for how long?

Are you currently experiencing anxiety, panic attacks, or phobias? If yes, for how long?

Have you ever struggled with substance abuse issues? If yes, when?

What significant life changes or stressful events have you experienced recently?

Current issues I seek to address in psychotherapy include (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> depression | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> behavioral problems (child/adolescent) |
| <input type="checkbox"/> panic attacks | <input type="checkbox"/> anger problems |
| <input type="checkbox"/> symptoms of trauma | <input type="checkbox"/> communication problems |
| <input type="checkbox"/> self-injurious behavior
(i.e. cutting, etc) | <input type="checkbox"/> family dynamics |
| <input type="checkbox"/> relationship issues | <input type="checkbox"/> mood disorder |

Family mental health history: Please list any family members that struggle with the following issues and their relationship to you (maternal aunt, paternal grandmother, etc).

	Please circle	Family member
Depression	yes/no	
Anxiety	yes/no	
Bipolar Disorder	yes/no	
Schizophrenia	yes/no	
Eating Disorder	yes/no	
Substance abuse	yes/no	
Domestic violence	yes/no	
Self-injurious behavior	yes/no	
Suicide attempt	yes/no	

Are you currently employed? _____ Do you enjoy your work? _____

Is there anything stressful about your work? _____

With which cultural or ethnic group(s), if any, do you identify?

Describe any issues/challenges you are experiencing related to cultural or ethnic issues:

Do you affiliate with any spiritual/religious group? _____

Please share any thoughts or information regarding your spiritual/religious beliefs that you feel it is important that I understand: _____

What do you consider to be your strengths? _____

What do you consider to be areas that are challenging for you or places you wish to continue developing/growing in? _____

What would you like to accomplish in your time in therapy? _____
